Montana Insurance Department 840 Helena Avenue Helena, MT 59601

MONTANA LONG-TERM CARE TRAINING LICENSEE COMPLIANCE REPORT

Pursuant to 33-22-1128 & 1129, MCA

Montai	na Long-Term Care Premium Written 7/1 - 6/30 ⁽¹⁾ \$	
Annual Statement for $^{(2)}$	(Company) NAIC Number (3)	Year (4)

(406) 444-2040 To be filed July 31 Montana **Completion Date -Completion Date - 4** Mailing Address⁽⁶⁾ Zip Code⁽⁹⁾ Licensee Name⁽⁵⁾ City⁽⁷⁾ State⁽⁸⁾ hour ongoing training 12 8 hour one time License Number⁽¹⁰⁾ $training^{(11)}$

SEE REVERSE SIDE FOR INSTRUCTIONS

- Total premium written for Montana insureds during the preceding 7/1 6/30 period
- (2) Insurance Company Name
- Number issued by National Association of Insurance Commissioners. Prepare a separate report for each life or disability (health) insurance company/NAIC entity
- Year in which report is made
- ⁽⁵⁾ Include all Montana licensees, resident and non-resident, who sell long-term care products in Montana
- (6,7,8,9) Address where the licensee can be directly contacted
- Montana individual insurance license number
- Date (MM/DD/YYYY) 8-hour initial long-term care training course completed
- (12) Completed within 24-month period following completion of initial long-term care training or subsequent 4-hour ongoing training